

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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47						
48						
49						
50						
TOTAL IND.	1		1		1	
TOTAL DEP.	1		1		1	
TOTAL CLAIMS	1		1		1	

BEST AVAILABLE COPY

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96			
97			
98			
99			
100			
TOTAL IND.	1	1	1
TOTAL DEP.	1	1	1
TOTAL CLAIMS	1	1	1

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS